UTILITY PATENT APPLICATION					ATTORNEY DOCKET 86174RLO					
TRANSMITTAL UNDER 37 CFR 1.53(b)					Customer No. 01333					
To: Commissioner for	Express Mail Label No.									
P.O. Box 1450			_		_	,				
Alexandria, VA. 22313-1		EV293509641US					4			
INSPECTING SWATH BOUNDARIES					9.4.0	0 3		ໝ	78	
PRODUCED BY THERMAL TRANSFER OF					, ,			5	55	
ORGANIC MATERIALS IN FORMING OLED								4.		
DEVICES					22	<u> </u>				
								N	=	
First Named Inventor (or Application Identifier):										
Andrea S. Rivers, et al.										
Enclosed are: 1. X Specification					X Assi	gnment of	the inventio	n to		
·				Eastman Kodak Company						
2. 8 Sheets of drawings				7. Certified copy of a priority						
3. X Information Discle	osure St	atement Und	ler 37 CFR	8. Г	Asso	ciate Powe	er of Attorne	ev		
1.97.				" <u>[</u>				- 9		
4. Combined Declaration for	or Paten	t Application	n and Power of	Attorney:						
4a. X New										
4b. Copy from a	a prior a	pplication (3	7 CFR 1.63(d)	(for conti	nuation/div	visional wit	h Box 11 co	ompleted)		
5. <u>Incorporation by Reference (useable if Box 4b is</u>					9. <u>Deletion of Inventor(s)</u> .					
checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) nat										
which a copy of the oath or dec						cation, see	37 CFR 1.6	3(d)(2) and		
is considered as being part of the application and is hereby incor				1.33(b).					
10. If a 111A applicatio				-identified	applicatio	n amend th	ne specifica	tion at Page	1	
after the title, by ins				, idominio	а рри са ио	,	по оросином	uon at rage	.,	
CROSS REFERE	NCE TO	RELATED	APPLICATIO							
	is made	to and priori	ty claimed from	n U.S. Pro	visional A _l	pplication S	Serial No.,			
filed, entitled. If a CONTINUING APPLIC.	ATION	. check appr	opriate box an	d supply th	e requisite	informatio	n·			
11. Continuation	Divisio		Continuation-			orior applica				
12. X Please address all w	•		na ta Thamas I	u Clara D			_			
Eastman Kodak Cor					_	ı Staii,				
Please Direct all tele										
The filing fee has been calculate	_	-								
FOR:		. FILED	NO. EXTRA	R.A	TE	FE	E			
BASIC FEE							\$ 750			
TOTAL CLAIMS	8	- 20 =	-12		8 =	·	\$ 0			
INDEPENDENT CLAIMS MULTIPLE DEPENDEN	3 IT CL A	- 3 =			4 =		\$0			
MOLTIPLE DEPENDEN	VI CLA	IM PRESEN	TED		+ 280 OTAL	 	\$ 0 \$ 750			
					OIAL		\$ 750			
X Please charge my Eastma	n Kodak	Company [Deposit Accour	nt No. <u>05-0</u>	225 in the	amount of	\$ 750			
			py of this she							
X The Commissioner is here										
37 CFR 1.16 or credit any						count No. 0	<u>5-0225</u> .			
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			Xae	ed//N	X.	1				
Raymond L. Owens/JMD	rney for	Applican	nts							
Telephone 585-477-4653				istration						
Facsimile 585-477-4646			- 6		-,-					